PTO/SBIOS (08-03)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information orders & displays a valid CMB control number. Application on Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Catumn 1) (Cotumn 2) NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) OR minus 20 = INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL " If the difference in column 1 is less than zero, enter "O" in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN ÖR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAMS HIGHEST. 4 PRESENT RATE REMAINING NUMBER ADDI RATE Annı. **EXTRA** TIONAL ENDMENT AFTER PREVIOUSLY TIONAL AMENDMENT PAID FOR FEE Total (37 CFR 1.16) 48 40 OR Mirus (37 CFR).186 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR (.16(4)) OR-+5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE 、Ub.07 (Column 1) (Column 2) (Column 3) CLAMS HIGHEST 8 PRESENT RATE RATE ADDI REMAINING NUMBER ADD1-ĒN PREVIOUSLY EXTRA TIONAL TIONAL AFTER PAID FOR FEE FEE MENDME Total G7 OFR 1,1664 S OR AMEN x \$ ---Independent (37 CFR 1,160-) ÖR FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) OR TOTAL TOTAL ADO'L FEE ADO'L FEE OR (Column 2) (Column 3) (Column 1) HIGHEST CLAMS (1 DOFSENT RATE ADOF RATE ADDI-REMAINING NUMBER ENT **EXTRA** TIONAL AFTER PREVIOUSLY TIONAL FEE AMENDMENT PAID FOR FEE Total (27 CFR 1.96(c) Minus N OR Independent (37 CFR 1.150/B Minus Ξ.Υ. $\widetilde{\underline{u}}$ OR • ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(4)) OR Commence of September 2 TOTAL TOTAL ADD'L FEE OR ADO'L FEE If the entry in column 1 is less than the entry in column 2, write "V" in column 3. " if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depetiting upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burdon, should be sent to the Chief tricompation Officer, U.S. Department of time you require to complete this form end/or suggestions for reducing this burdon, should be sent to the Chief tricompation Officer, U.S. Department of time you require to complete this form end/or suggestions for reducing this burdon, should be sent to the Chief tricompation Officer, U.S. Department of the Commercia, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commercial for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance is completing the form, call 1-800-PTO-9189 and select option 2